

IX

BOOK REVIEWS

FUNGIOUS DISEASES. By Harry P. Jacobson, M.D., Attending Dermatologist and Member of the Malignancy Board, Los Angeles County General Hospital, with Introductions by Jay Frank Schamberg, M.D., Professor of Dermatology, University of Pennsylvania, and Howard Morrow, M.D., Clinical Professor of Dermatology, University of California. London: Baillière, Tindall and Cox, 1933. Pp. 317. Size, $6\frac{1}{2} \times 10\frac{1}{4}$. Figures in text, 153. 30s.

THE author of this monograph, finding that information regarding diseases of mycotic origin was extremely limited in the standard textbooks and much scattered in the medical journals, began several years ago to prepare a book which should contain practical information on the clinical and scientific aspects of the most important mycotic diseases affecting the human species. That there is great need for such a book cannot be questioned when the extent of fungous diseases in man is considered not only in regard to skin lesions, but also in respect of the systemic involvement that are often consequent on such mycotic infections.

To this task the author has brought many years of personal experience during which he has had, as Professor Howard Morrow states in his Introduction, ample opportunity of treating cases of fungous infections. In addition, he has a deep knowledge of the opinions and views of other authorities.

The book is divided into three divisions, preceded by a valuable note on the fundamental considerations underlying fungous diseases. The first division deals with primary cutaneous mycosis with (usually) no definite systematic involvement. The second division deals with primary cutaneous and/or mucous membrane infections with frequent systemic involvement and has six sub-division dealing with monilliasis, maduraomycosis, sporotricosis, blasymycosis, actinomycosis, and coccidioides. In the third division, primary systemic infections with occasional instances of skin or mucous membrane involvements are dealt with. In addition, there is an extensive bibliography giving 426 references, with 153 illustrations of high quality, an index of authors, and an index of subjects. The book is splendidly printed, and the publisher richly merits the gratitude expressed by the author.

The author has taken a wide survey of the branch of medicine which he has made his own, and has brought together an immense amount of information which he has presented in an extremely readable manner. Every section bears the impress of carefully-balanced and well-considered study. The various subjects are treated fully from the clinical point of view, the manifestations of disease are clearly described and well illustrated by photographs. Special value attaches to the sections dealing with differential diagnosis and treatment.

From the point of view of the student of venereal diseases, this book has great value, inasmuch as many of the lesions caused by mycotic infections must be differentiated from those occurring in syphilis.

BRITISH JOURNAL OF VENEREAL DISEASES

To the bacteriologist, this monograph is also invaluable : it contains detailed statements of technique ; morphological descriptions are given, and tables for use in cultural tests are included which enable the laboratory worker to read and classify the reactions obtained. There is a wealth of information which cannot be obtained in any other reference book.

Some of the fungous complaints described are characteristically American, and in one case limited to California. For this reason they have not the same direct importance in Europe. But with this reservation, the book can be strongly commended to clinical and bacteriological workers. It is a matter for cordial congratulation that Dr. Jacobson has brought together the clinical and bacteriological factors as a single and unified group. We should be glad if he would allow us to join him in the expressions of gratitude contained in the dedication of his book.

A. D.

NEUROLOGICAL EFFECTS OF SYPHILIS. DIAGNOSIS AND TREATMENT.

By B. Buckley Sharp, M.D., M.R.C.P. (Lond.). Oxford University Press : London, 1933. 7s. 6d. net.

GOWERS used to say that one of the great lessons of life—sometimes only learned late—is hesitation in pronouncing anything to be impossible. There is, unfortunately, still a persistence in the minds of many that the neurological effects of syphilis cannot be prevented or cured. Their therapeutic reasoning seems to be largely confused, not so much by lack of the knowledge that infection of the nervous system may be present without physical signs, as by an unwillingness to examine the spinal fluid for these evidences at a stage when they can be obliterated. It has been shown that examination of the spinal fluid reveals evidence of infection of the nervous system in 30 per cent. of cases of early syphilis. Late neurosyphilitic manifestations are not reinfections from foci outside the nervous system, but are due to long persistence of the *treponema pallidum in loco*. If the nervous system is not involved in the early period of the infection, it is extremely improbable that it will be at a later period, vascular lesions and gummata excepted. It follows that no patient should be discharged after treatment without the evidence provided by lumbar puncture. Yet in how many cases of syphilis, treated in England, is this done ? It is good to see that Dr. Buckley Sharp advises examination of the spinal fluid at the end of treatment and again after two years of observation without treatment. Almost all cases of established neurosyphilis seen by neurologists to-day, give a history of inadequate treatment of the primary infection. Efficient prevention is most likely to be secured by treatment carried out thoroughly in the early stages of infection, completely controlled by serological tests. Another error besetting therapeutic reasoning lies in the wrong interpretation put upon the progression of certain degenerative nervous lesions, apparently in spite of treatment, when the case is serologically negative. Only the “positive” or irritative nervous lesions, due to involvement of adventitial structures in the nervous system, will be cured by anti-syphilitic treatment. “Negative” or destructive degenerative lesions